

Howard & Howard
law for business

FILE COPY

direct dial: 248.723.0325

Gregory D. DeGrazia

GDegrazia@howardandhoward.com

November 14, 2003

Mr. Chad Sinke
3890 Raye Lane
Hartland, Michigan 48353

Via Certified Mail
Return Receipt Requested

RE: Assignment of Patents to Dürr Production Systems
Our General File: 60,568-999

Dear Chad:

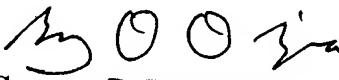
As you know, we filed several provisional and non-provisional patent applications with the U.S. Patent and Trademark Office on behalf of Dürr Production Systems. Upon filing each patent application, each named inventor is required to sign a Declaration of inventorship. Furthermore, as part of the terms of your employment with Dürr Production Systems, you agreed to assign your invention to Dürr Production Systems.

We enclose with this letter copies of an inventor's Declaration and an Assignment that require your signature. Please sign the enclosed documents where indicated and return them to me in the self-addressed stamped envelope. We look forward to your assistance with this matter.

If you have any questions regarding these documents or what we are requesting, please contact me on my direct phone line at (248) 723-0325. We look forward to your timely response.

Sincerely,

HOWARD & HOWARD ATTORNEYS P.C.


Gregory D. DeGrazia

GDD:tls
Enclosures

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) Chad A. Sinke B. Date of Delivery 11-18-03
 C. Signature X [Signature] ☐ Agent ☐ Address:
☐ Registered ☒ Return Receipt for Merchant
☐ Insured Mail ☐ C.O.D.
 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

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1. Article Addressed to:

Mr. Chad Sinke
 3890 Raye Lane
 Hartland MI 48353

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchant
☐ Insured Mail ☐ C.O.D.
 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 0600 0024 1403 3950

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-05

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Mr. Chad Sinke
 Street, Apt. No., or PO Box No.
3890 Raye Lane
 City, State, ZIP+4
Hartland MI 48353

PS Form 3800, February 2000 See Reverse for Instructions